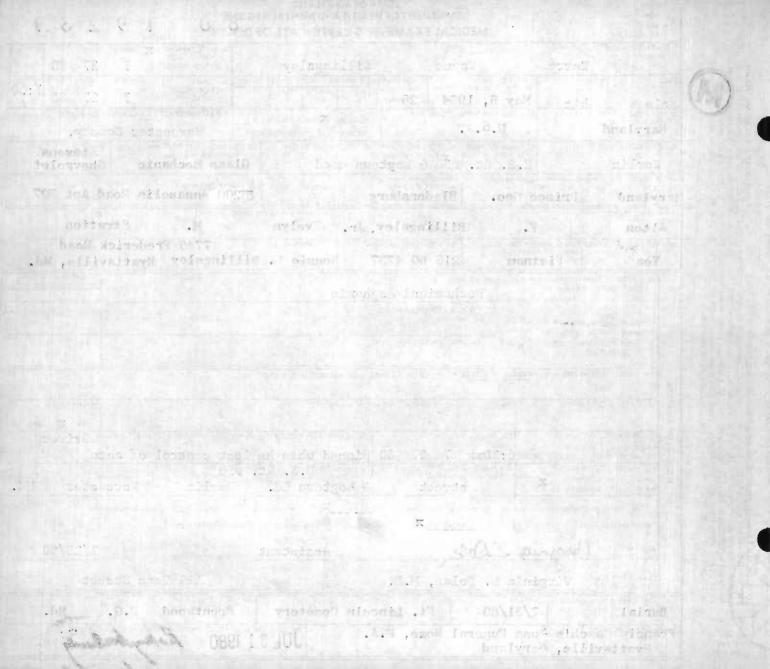
4	1-	FOR STATE REGISTRAR	STATE DEPARTMENT OF HE MEDICAL EXAMINER		DEDEATH	1 9 2 3 7	
SET,	(TYI	CEASED NAME FIRST PE OR PRINT) EDGAR	MIDDLE	AYRES	20. DATE KNOW! OF ESTI- DEATH MATED	MONTH DAY YEAR 26. 1	HOUR 230 M
FOR YOUR FILE FOR YOUR FILE PYININ 72 HOUR	3. SE	M Negro 3	TH DAY YEAR LAST BIRTHDAY)	IF UNDER 1 YR. IF UNDER MONTHS DAYS HOURS	PRONOUNCED DEAD	7 4 1980 2	HOUR 235 M
45	2	NOW NIII, Md	U.S.	MARRIED NEVER MARR	CED - W	ocoster	MD.
AY IS THE FILEE	10.8	mow Hill I	AME OF HOSPITAL, NURSING HOME, OF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	Smu HIL	120. USUAL OCCUPATION FOR MOST OF WORKING LIFE UMBERNA	(TYPE OF WORK 17b. KIND OF BUSINE OR INDUSTRY	e
Z # % # % —	130. S	Md Worces	HER STORY RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	AWS ROAD	
MD.	V	ohn Henry	Ayres	15. MOTHER'S MAID	MIDDLE	Ayres	
BALTIMORE, URS AFTER DE BIG OF PAGE WITH FORM WITH FORM DIVISION OF	16a. V	WAS DECEASED EVER IN U.S. ARMED FO ES, NO ONUMENOWN) (IF YES, GIVE WAR OR I		o. 17 INFORMANT Maggle 7.	ownsend Bo	Ess Bethren Rd x 12 Pocomole,	md
1 W. PRESTON ST., TED WITHIN 24 HOL PENCIL IN TEM 18 XAMINER ALONG VALTRANTI PERMIT ALTRANTI PERMIT RREMOVAL.		Conditions, if any, which gave rise to immediate cause (a) stating the <u>under-lying</u> cause last.	(b)	yourthal S extre Carl	rfaietex	APPROXIMATE INTER BETWEEN ONSET AND I	
CORD BE E) JOING AEDIC AEDIC ATTH AATTIC	TION		UTING TO DEATH BUT NOT RELATED TO THE TERMINAL		ART 1 (o).		
VITAL REC	TIFICA	196. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	ON WAS PERFORMED?		20. AUTOPSY?  YES NO	<b>X</b> c
ION OF THE CATE W TO THE W HOULD VARTMEN	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR P.M. 19		ED (ENTER NATURE OF INJURY IN 1TE	A 18 PART 1 OR PART 2)	
VAI VAI	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	If. LOCATION STREET	CITY OR TOWN	COUNTY S	STATE
EXAMINER: CERTIFICATE, DIRECTOR: WITH THE S		276. I certify that I taak charge of the death resulted fram: Natural caus		Autapsy , Inspection Hamicide , TITLE SPECHEY	un , Inquiry , , Undetermined manner   MEDICAL EXAMINER	and in my apinion  ,  DATE SKONED 7/4/80	
TO MEDICAL E EXECUTE THE PAGE 4 SHOU AFTER DEATH.	L	EXAMINER'S NAME THOMAS	3 L. JONES. M.D.	ADDRESS 1/2	PEARL ST. SUG	WHILL, Md. 2186	3
Bb	(5		12-80 TAYLOR'S GA	EA.ME.	Show HI	Workester STATE	b
DHMH - 17 {VR A15 ME (5)} 15M 7/77	20	UNERAL DIRECTOR NEY MEMONALCH	apel Sals Mo	250. DATE	REC'D. BY REGISTRAR 256. F	EGISTRAR'S SIGNATURE	

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	FOR STATE REGISTRAR		MEDI	PARTMENT OF CALEXAMIN	HEALTH		NTAL HYG	DEATH	) REG.	1 9 NO.	2	3	8
	ECEASED NAME  YPE OR PRINT)  JO	hn	M	William		Bates		20. DA OI DEA	TE KNOWN F ESTI- TH MATED	7 MONTH	21 19	YEAR 80	26. HOU! 9:2
3. SE	M RACE	S. DATE MONTH	OF BIRTH	19 10 AGE (IN YE.	ARS. IF UN AY) MONTE RS.		UNDER 24	N. PRONO	ATE DUNCED EAD	MONTH 7	21 <sub>1</sub>	YEAR 80	9:2 9:2 p
F	BIRTHPLACE (STATE OR OREIGN COUNTRY) Pennsylvani	.a	ZEN OF WHAT	SA	8. MARRI WIDOW	ED 🗆	R MARRIED DIVORCED	7. BAL	WOYC		r		WE
	Ocean City	IF N	Cape		Vigh			FOR MOST OF		YPE OF WORK		NDUSTR	teel
130.	STATE Md.	Balto	ISTITUTION, GIVE R	Bart	) •	13d. INSIDE-CITY YES	LIMITS?   13e	5755	Kavon	Ave			
	FATHER'S NAME FIRST William WAS DECEASED EVER IN	WIDDLE		Bates		15. MOTHER'S	20022		MIDDLE		Sm	i th	
100.		V.S. ARMED FOR YES, GIVE WAR OR DA	TES)	66. SOCIAL SECURIT		Direction Di	thy N	Bbins	es ADDRE	715			venu
	Conditions, if any, gave rise ta imicouse (o) stoting the lying couse lost.	which mediate a under-	(b) UE TO, OR AS	A CONSEQUENCE (	OF .	CVHI	D	Arres	st				INTERVAL AND DEATH
NOIL	19g. DATE OF OPERATIO			Transfer to		R mi	ddle	lobe	Pneum	onia			
CERTIFICATION	210. EXTERNAL CAUSE V			N FOR WHICH OPER							YE	TOPSY?	NOX
MEDICAL CE		JSE OF DEATH	16. TIME OF IN HOUR A.M. N P.M. 16. PLACE OF	ONTH DAY YEAR		OW INJURY OF	CCURRED (E	ENTER NATURE O	F INJURY IN ITEM	IS PART 1 OR P	ART 2)		
MEI	WHILE NOT WHAT WORK	TILE	STREET, FACTORY	, FARM, ETC.)		TREET	رال راي	спу о	RIOWN	C	YTHUC		STATE
	22e. I certify that I too death resulted from:  ACTUAL SIGNATURE  EXAMINER'S NAME	Notural couses	isth)		Autopsicide	Homicide Zintle (SPE	puty	Inquidetermined  MEDICALEX	manner	DATE SIGN	7	/21 C.	
	(TYPE OR PRINT)  BURIAL, CREMATION, REM (SPECIFY)  Burial	OVAL 23b. DATE		23c. NAME OF CEA	AETERY O	R CREMATOR metery	Y   2	3d. LOCATIO CITY OR TOWN Essex	Z	Balt	imor	e1	
-	NAME ALDIRECTOR  ASSAHN Fun	eral H	ome "	7401 Bela	air :	100	DATE REC	2 5 10	TRAR 256. RE	GISTRAR'S	hal	head	4

Tallo Jone STATE OF STATE This property La Book Titules IV'S some a farmer and the

STATE OF MARYLAND



			STATE OF MARYLAND	
_	1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	240
4		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		CEASED NAME FIRST	MODIE LAST 20. DATE KNOWN MONTH	DAY YEAR 76. HOUR
SE FS FS		OLIV	TIA HEARNE COLLINS DEATH MATED IX 7	15 19 80 4
PRESE PRES PRES PRES PRES PRES	3. SE)	4. RACE	S. DATE OF BIRTH  MONTH , DAY YEAR   6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH	DAY YEAR 24 HOUR
O STATE	f	emale negro	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 7	18 , 80 2 5 M
SSA	70 B	RTHPLACE (STATE OR	1/8 CITIEN OF WHAT COUNTRY 18	
NECESSARY FUNE 5 FO 5 W PR		REIGN COUX (RY)	Widowed Divorced Worcester Coun	MD.
THE GE	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK / (IF NOT IN SUGH FACILITY, GIVE STREET ADDRESS). FOR MOST OF WORKING (IFE)	12b. KIND OF BUSINESS OR INDUSTRY
N PA	11011	Pocomoke	(Water) Pocomoke River & William St. Loborer	Waitress
. IF ANY DELAY IS NE. 2. AND 3 TO THE FUL. 3. RETAIN PAGE 5 F SHOULD BE FILED. 1. RECORDS, 301 W. F.	13a. S	TATE 13b. COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  NTY  137 OTY OR TOWN  134 INSIDE (ITY LIMITS? 136 STREET ADDRESS 3 7	6
. F. 22 -	14. E	THER'S NAME	MIDDLE LAST U.MOTHER'S MAIDEN NAME MIDDLE	12 17
DRE, MD R DEATH AGES 1, RM PM 1 AND 2 OFFUR	(	litton	E. Hearne Nettie triscila	Whentley
BALTIMORE, GIVE PAGE: WITH FORM PAGES 1 AN DIVISION OF		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS (4.2)	B 261
BALTIMO URS AFTER 8. GIVE PA WITH FOR	,,	No.	227-32-2840 Ciscillo Styenson	AMAR
		18. CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL
		PART I DEATH WAS CAUSE	Gunshot wound of neck	BETWEEN ONSET AND DEATH
PRESTON ST. VITHIN 24 HC CIL IN ITEM 1 INER ALONG ANSIT PERMIT AL HYGIENE, MOVAL.		9/5- IMMEDIA	ATE CAUSE (a) AND	
HIN A SIT A		Conditions, if any, which		Zinen En
ED WITH		gave rise to immediate cause (a) stating the <u>under</u>		
301 W. PRES CUTED WITH IN PENCIL II EXAMINER RRALTRANS D MENTAL I		lying cause last.	DUE TO, OK AS A CONSEQUENCE OF	
S, 36		BART 2 GIVER CIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o).	
AL RECUED, 301 W. PRESIGNED.  OULD BE EXECUTED WITHIN DO "PENDING" IN PENCIL IN HIFF AEDICAL EXAMINER A 185E AS A BURRAL-IRANSIT IN HEALTH AND MENTAL HYC., CREMATION, OR REMOVAL.	N	TAKE 2 OTHER SIGNIFICANT CONDITION:	CONTRIBUTING TO DEATH BUT NUT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).	
PEN MED MEN	ATIC	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
SHOULD SRD "PE CHIEF / E USED OF HE, AI, CRE	IFIC	The second second		YES TO NO
S CERTIFICATE SHOUR THE WORD " REITING THE WORD " SE 3 SHOULD BE USE TE DEPARTMENT OF HE TO PRIOR TO BURIAL, C	CERTIFICATION	210. EXTERNAL CAUSE WAS	1 216 JME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PA	
THE TO TH	ALC	UNDERLYING OR CONTRIBUTING CAUSE OF		30
ING I	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (ATHOME 21f LOCATION	
THIS CER WARDED WARDED PAGE 3 S TATE DEP	ME	WHILE NOT WHILE		rcester Md.
STANKE		AT WORK AT WORK		
THE CERTIFICATE. SHOULD BE FOR RAL DIRECTOR: FATH, WITH THE S. RE, MARYLAND, 21		22a. I certify that I taok char-	ge of the remains described above, held an <u>Autopsy</u> X, Inspection , Inquiry , and in my ap	pinion
EXAMINER CERTIFICAT LID BE FO DIRECTOR: WITH THE ARYLAND,		death resulted from: Natu	oral causes , Accident , Suicide , Hamicide X, Undetermined manner ,	
EXAMIN CERTIFIC JID BE DIRECTO WITH THAN		ACTIVE () A	TITLE (SPECIFY)	
HE HOU		ACTUAL SIGNATURE	M.D. Assistant MEDICAL EXAMINER SIGNE	7-19-80
MEDICAL EXAMINER. CUTE THE CERTIFICATI SE A SHOULD BE FOR FUNERAL DIRECTOR. ER DEATH, WITH THE TIMORE, MARYLAND, 2		EXAMINER'S NAME AT	nn M. Dixon, M.D. 111 Penn St.	
		(TYPE OR PRINT)	ADDRESS	
PAC PAC BAIL	73a.96	TAL CHEMATION, REMOVAL	236 DATE 236 NAME OF CEMETERY OF CREMATORY	SMIN I
BP	4	UN191	1-22-00 Trinity Cem, tocomoke h	ler Mid.
DHMH - 17	74,54	NERAL DIRECTOR	ADDRESS ADDRES	GNAURE
(VR A15 ME (5)) 15M 7/77	>	Daniel	De Peu Church, 19. JUL 2 9 1980	- Crony

V Kon de The same and the same of the s Charles Andrew 

1/11	1,	FOR STATE		DEPARTMENT	F HEALTH	AND MENTAL H	GIENE	9241
100	15	REGISTRAR	ME	DICAL EXAM	INER'S	ERTIFICATE O	PEATH REG. N	10.
W and white		CEASED NAME FIRST ADELE	BERT	EDWIN		DENNIS	20. DATE KNOWN OF ESTI- DEATH MATED	1 00 00 1000
20 mm	3. SE.		5. DATE OF BIRTH	6 AGEI	NYEARS IF UN	IDER 1 YR. IF UNDER 2		MONTH DAY YEAR 2d. HOUR
( )		MALE NEGRO	MONTH DAY	YEAR LAST BIR	YRS.	S DAYS HOURS	AHRS. 2c. DATE PRONOUNCED DEAD	6 26 1.80 635
33.75	7a. B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF W		To .	ED NEVER MARRIE	9. BALTIMORE CITY	OR COUNTY OF DEATH
## R # E # F		EWARK, MD	U.S.	A.	WIDOW			CEESTER MD.
SHEET OF THE STREET		ITY OR TOWN OF DEATH		PITAL, NURSING HO		ER INSTITUTION	124. USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE)	PE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
304 5000		now Hill, Md.		Box 239			laborer	Poultry
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		AL RESIDENCE (IF IN NURSING HOME OF TATE 113b. COUN		13c. CITY OR TOW		13a. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
21201 F AND SHOULD SHOULD	M		CESTER	SNOW, HI		YES NO 💢	ROUTE# 1,	Box 239
O T NE	14 F	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	LAST
PRE, M CGEST AND OF		ANDOLPH		DENNIS		SADIE	MAE	ALLEN
MORE PAGE FORM SS 1 AN	160.	WAS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	RIADDRES	2, BOX 71
BALTIMORE, URS AFTER DE B. GNE PAGE! WITH FORM PAGES 1 AN DIVISION OF		NO		218-30-	1272	WEBSTER	DENNIS PC	COMOKE, MD
		<ol> <li>CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE</li> </ol>	ly one cause per line	for (a), so fond (c).)	01,	(as 1)	I Hand	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON ST. 24 HO ITEM 1 LONG PERMIT SIENE,			TE CAUSE (a)	XHIMSI	rec a	TOURS O	Heller	
PRESTON VITHIN 24 CIL IN ITEM INER ALI PER ALI HYGIEI MOVAL.		Conditions, if any, which	DUE TO, OR	AS A CONSEQUEN	CE OF	//		
		gove rise to immediate couse (a) stating the under-				0		
OT W. UTED V PEN REALTR	113	lying couse lost.	DUE TO, OR	AS A CONSEQUEN	CE OF			
XECUTE CAL IN PROPERTY ON, OR AND MI		PART 2 OTNER SIGNIFICANT CONDITIONS	(C)	BUT NOT BELLITED TO THE	TERMINAL OFFICE			
LRECORDS, 3 ULD BE EXECT "PENDING"   FF MEDICAL SED AS BUE HEATH A BUE HEATH AND CREMATION,	Z	TAKE 2 DINCK SIGNIFICANT CONDITIONS	CONTRIBUTION TO GENTA	BUT NOT KELATED TO THE	IEKMINAL DISEAS	OR CONDITION GIVEN IN PAR	1 10).	
RECORDER PENE	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDI	TION FOR WHICH O	PERATION W	AS PERFORMED?		20 AUTOPSY?
TALRE HOULD RD "PEIF" USED OF HEAL CRE	FIC							YES NO X
OF VITA	- 1	210. EXTERNAL CAUSE WAS	21b. TIME O		21c. H	OW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 1	
N SHOOTE		UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY Y	EAR			
IVISIC CERTI TING DED T DED T DEPA PRIOR	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY (AT HOM		CATION		
DIN THIS C WARDE PAGE 3 TATE D	E	AT WORK AT WORK	STREET, FAC	TORY, FARM, ETC.)		TREET	CITY OR TOWN	COUNTY STATE
E. THE, V DRW, PAW, PAW, STA STA		22a. I certify that I took charge	as of the remains de-	scribed above, held a	n Autop	sy , Inspection	X, Inquiry X,	and in my apinian
MINE TFICA FFICA CTOR THE THE TAND,			ral contres .	Accident)	Suicide X	Hamicide .	Undetermined manner	and in my opinion
EXAM CERTIF JUD BUREC WITH ARYLA		1	11 1		16	TITLE (PECIFY)	2	//
		ACTUAL SIGNATURE	MILLE X	- AVII	All U	Megile	MEDICAL EXAMINER	DATE 6/24/80
MEDICAL CUTE THE FIL A SHO FIL A SHO ER DEATH TIMORE, N				1	44.1	10/1	2 MEDICAL EXAMINER	3101160-4
A PER COUT	4-	(TYPE OR PRINT) TH	OMAS W	JONES.	M.D.	ADDRESS 112	VEACL ST, SI	COUHILL, MC.
TO W EXEC PAGE AFTEI BALTI	23a. E	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF	CEMETERY C	R CREMATORY	23d. LOCATION	COUNTY STATE
BP		BURIAL	6/28/80	HUTT'S	CHAI	DEL.	SNOW HILL	OPOSCHER MD
DHMH - 17	24 F	UNERAL DIRECTOR	ADDRES:		ROAD		EC'D. BY REGISTRAR	MAY STACK ATURE
(VR A15 ME (5)) 15M 7/76	J	OLLEY MEMORIA		SALT	S. M	D JU	2 1980	artige of the contract

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔓

BY REGISTRAR 256. REGISTRAR'S SMINIATURE

FOR

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DHMH-16 25M (VRA 15, 4) 1/79

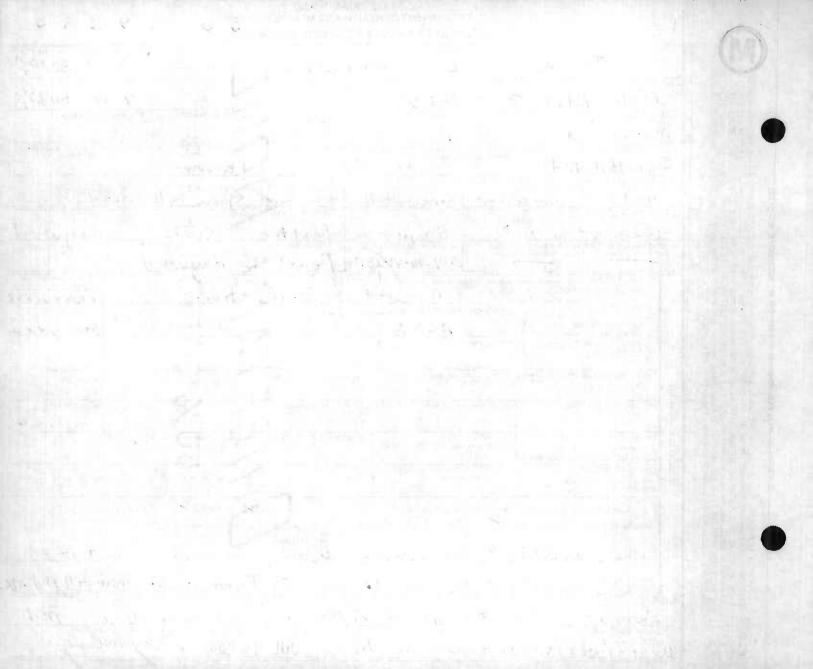
Y STEP - AVIS THE 1 1 1 2 1 5 1 6 W Market Brown City X State Commencer Blood 4/46-44-3-3641 - 3/3641 Albert, 3476, Falling Falling SEVEN CORRESPONDED TORSION TO AN AUTOMOS 35 PURISH TORSION TOTAL TOTAL CONTROL OF THE STATE OF THE STA 7. Brial Tar Asharta Wite Mentalistic

	12		STATE OF	MARYLAND		n 12 12 "7
1-	FOR STATE		DEPARTMENT OF HEALT		0 0	9 4 4 3
	REGISTRAS	ME	DICAL EXAMINER'S		F DEATH REG. NO.	
	PE OR PRINT)		WIDDLE	LAST	OF ESTI-	ONTH DAY YEAR 76. HOU
	William		iller Jr.		DEATH MATED	7 18 19 80
Ē	X 4. RACE	S. DATE OF BIRTH		NDER 1 YR. IF UNDER	24 HRS. 2c. DATE MO	24.1100
	M W	9/11/	11 68 YRS.	DATO HOURS	DEAD	7 18 <sub>19</sub> 80 11 a
0 E	OREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY? 8. MAR	RIED TO NEVER MARRI	ED . 9. BALTIMORE CITY OR CO	
	USA	/ US.				7410
). (	ITY OR TOWN OF DEATH		SPITAL, NURSING HOME, OR OT ACILITY, GIVE STREET ADDRESS)	HER INSTITUTION	120. USUAL OCCUPATION (TYPE OF W FOR MOST OF WORKING LIFE)	ORK 126. KIND OF BUSINESS OR INDUSTRY
3	ean City	10th St	reet Medical Ce	nter	Coal trucker	Coal
SU 30	AL RESIDENCE (IF IN NURSING HOLDS	ME OR OTHER INSTITUTION, C	1134 CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
	Pa. Yor	k	Manchester	YES NO	RD 1, Box 364-A,	Manchester, Pa
14. F	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDE	N NAME MIDDLE	
W	1 INO	ller	LAG!	Carrie	, Model	Gearhart
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
,	No	AND THE ON DIVINES	207-03-9664A	Helen Ful	ler-wife sam	e
	18. CAUSE OF DEATH (Enter	only one cause per lin	e far (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAU	ISED BY:	espiratory arre	st		30 minutes
	410-		R AS A CONSEQUENCE OF			
	Conditions, if ony, wh		ASCUD with M.I.			70
	couse (o) stoting the uno	016	R AS A CONSEQUENCE OF			
	lying couse last.	(c) H	ypertension			
	PART 2 DINER SIGNIFICANT CONDITI		BUT NOT RELATED TO THE TERMINAL DISE.	ASE DR CONDITION GIVEN IN PAI	RT 1 (a),	
NO	0.000		Emphezena			
AT	190. DATE OF OPERATION	196. COND	ITION FOR WHICH OPERATION	WAS PERFORMED?		20. AUTOPSY?
F	1970	ch	olecyslecom			YES NO
CERTIFICATION	210 EXTERNAL CAUSE WAS	216. TIME C	F INJURY 21c.	HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PART 1	
	UNDERLYING OR CONTRIBUTING CAUSE		M. MONTH DAY YEAR			
MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY (AT HOME, 211. L	OCATION		
X	WHILE ONT WHILE	STREET, FAC	CTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
		6.1	9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Inquiry , ond in r	
	220. I certify that I taak ch	100			,	ny opinian
	. death resulted from: No	otural couses	Accident . Suicide .		Undetermined monner,	j ,
	ACTUAL	moure	19 Burnin	TITLE (SPECIFY)	4./D	ATE 7/18/0
	SIGNATURE /		2 10	M.D. DEPT	MEDICAL EXAMINER S	IGNED 1018
-	EXAMINER'S NAME			16th 8	Philadelphia Av	e Ocean City
220 1	(TYPE OR PRINT)	DI BI	73c NAME OF CEMETERY	ADDRESS	23d LOCATION	
-	SPECIFY)	C (OO (d of			CITY OR TOWN	COUNTY STATE
	rial FUNERAL DIRECTOR	1/22/19	30 Northumbert	and Mem Parl	Storington, Nor	th d. PA
	John Ulrich	V, August	SI WI MA		JUL 2 3 130h	7
	(MARRALL)	41	~/00 ///00		and the second second	

· · · 22 17 (4) Manual uniterpant Too I would be a Goest City - 'Cin Street Medical Contac a t, don Med-, Manchestor, The A terminal and and noling . B maille TOTAL SAME MAINTENANCE BEER 3 2 2 2 3 2 7 2 7 2 3 2 5 2 5 2 IO EHOUTACV. tan zatiemi. mooelevoolede ioud & Philadelphia Ave., Comm City camelay . Valores a departit miet

STATE OF MARYLAND

1		STATE OF MARYLAND	
1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	7245
	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	ECEASED NAME FIRST  YPE OR PRINT)	MIDDLE LAST 20. DATE KNOWN OF ESTI-	
	James	L. Hay ward DEATH MATED	7 14 10 80 123
3 S	4. RACE S. E	DATE OF BIRTH ONTH DAY YEAR LAST BIRTHDAY  LAST BIRTHDAY  LAST BIRTHDAY  DAYS  HOURS  MIN  PRONOUNCED	NTH DAY YEAR 2d, HO
	Male Black	2 5 /9/3 67 YRS. DEAD 7	14 1980 127
7a.	BIRTHPLACE (STATE OR 76.	CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE GITY OR CO	UNTY OF DEATH
9	noryland	USA WIDOWED DIVORCED DI	do .
		NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  120 USUAL OCCUPATION (TYPE OF WICE (IF NOT IN SUCH FACILITY, GYPLSTREET ADDRESS)	ORK 126 KIND OF BUSINESS OR INDUSTRY
0	Snow Hill Md.	Former Farmer	OK INDUSTRY
USU	JAL RESIDENCE (IF IN NURSING HOME OR OTH STATE 13b. COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. CITY OR TOWN. 134. INSIDE (17Y LIMITS? 12e. STREET ADDRESS.	
	^^		Road
14.	FATHER'S NAME	15. MOTHER'S MAIDEN NAME	
3	George W	oill Hayward Nattie Custis	HOLANDO
160	WAS DECEASED EVER IN U.S. ARMED	FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Transport of
	(IF YES, GIVE WAR	214-16-4628A Pearl B Howward	Section 1
-	18 CAUSE OF DEATH (Enter anly an	e cause per line far (a), (b), and (c),)	APPROXIMATE INTERVAL
	PART I DEATH WAS CAUSED BY	A madi A Ticonstina	BETWEEN ONSET AND DEA
П	4/1) =	DUE TO, OR AS A CONSEQUENCE OF	THE WAY
	Canditions, if ony, which	ASHN	Sev. year
Н	gave rise to immediate cause (a) stating the <u>under-</u>	DUE TO, OR AS A CONSEQUENCE OF	7.00.910
П	lying cause last,	(c)	
	PART 2 DTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
N			
1 8	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
			YES NO
	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I C	
MEDICAL CERTIFICATION	UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DAY YEAR P.M. 19	
EDIC	21d. INJURY OCCURRED	216 PLACE OF INJURY (ATHOME, 21f. LOCATION	
2	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY
			Department of the second
			y apinian
	death resulted fram: Natural co		
	ACTUAL On wat	L. C. No. C. L. D. D. C. SPECIFY)	ATE 7-18-80
	SIGNATURE	M.D. MEDICAL EXAMINER SK	GNED_ 1-10-80
P Can	EXAMINER'S NAME	y C. Holzworth ADDRESS 309 Timmons St. S	now Hill Mda
22-	BURIAL CREMATION REMOVAL 23b. D		1000 11111 1110.00
230.	(SPECIEY)	10 Q A A Ma O CITY OR TOWN	COUNTY STATE N.
24	FUNERAL DIRECTOR	19-80 Green Agres Men. Pk. Salisbury W	
1,	NAME Cales GLOS	ADDRESS Salar IIII 01 1000 Starting	Ara Creades
	WEST- MOOKS FULL	ral Home Jalisbury JUL 24 1980	

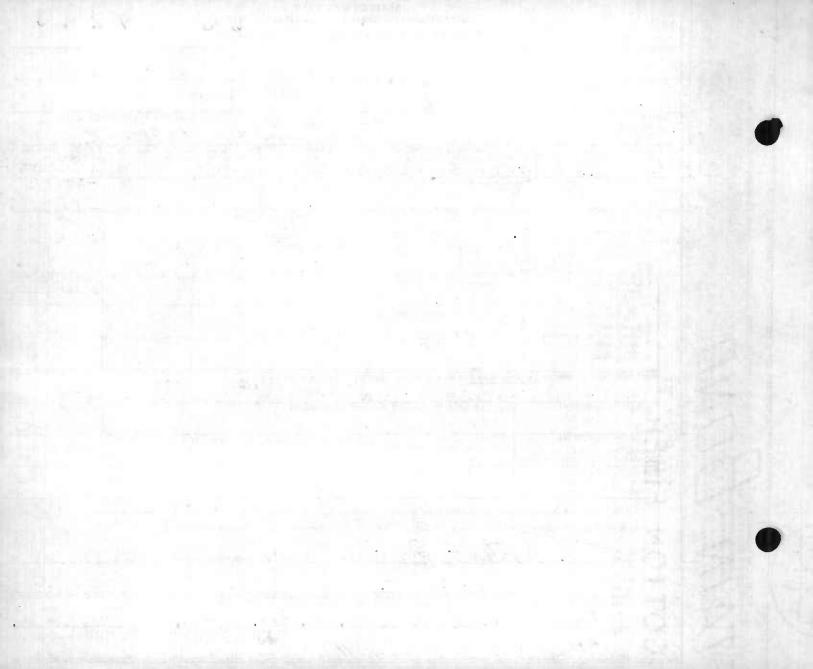


		FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENG ()	19246
4.	'	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N	١٠٥.
100		CEASED NAME FIRST	WIDDLE	LAST	26. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
C Carlo		DELORE	5 B.	Hill		7-17-80 948 M
1	3. SE	X	1 RACE	S. DATE OF BIRTH MONTH DAY YEAR	& AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
oge com	1	sloms.	Mr.t.s.	10 36 01	18	YRS
# 12 124	70. BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	b. CITIZEN OF WHAT COUNTRY	MARRIED LI NEVER MARRIED LI		OR COUNTY OF DEATH
8 54 5	10 C	TY OR TOWN OF DEATH	D. S. A.	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT	TION 126, KIND OF BUSINESS OR
1 17 17	15	now Hish	(IF NOT IN SUCH FACILITY, GIVE STREET		TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUSTRY
2120 hours	USU.	AL RESIDENCE (IF NURSING HOME OR OTATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	13e STREET ADDRESS	
BALTIMORE, MARYLAND 2120 cote be executed within 24 hour system ond completely. Head in biopers. Poges 1 and 2 should be hour.	1	~ 1	12 24 -C 13 C 13 10 10	YES NO X	R+ B B	CX7 · TXO
RYLA within	14 FA	ATHER'S NAME	IDDLE ASJ	15 MOTHER'S MAIDEN N	AME - MIDDLE	- IAST
MAR ved w		Charles	Brittin	gham Daisy		Sturais
MORE, n and ce Pages 1		VAS DECEASED EVER IN U.S. ARA res, no or unknown) (18 Yes, GIVE	MED FORCES? 14 SCIANTE	17 INFORMANT	ADDR	ESS 2/863
TIMC		No	100 d	1-05-16 Joseph H	III, P.O. Box	2, Snow Hill, Ind
		18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	y ane cause per line far (61) (b), a	DA DAVAS CON UNI DA COM	Post	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON ST., BAL		IMMEDIATE	CAUSE (o)	noverfaceux caccac	era	7
W. PRESTON not the death or by the attendings remove carb., are remained, are other troumatic		Canditions, if any, which	DUE TO, OR AS	ENCE OF STEEL ( Villian	marker No	romo
the dear the other remove emotion er troun		gove rise to immediate couse (a), stating the	(6)	SELECT OF	officer Jaco	
by the sase reals of cree		underlying couse lost.	DUE TO, OR AS A CONSEQU	JENCE OF		
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.,  NG PHYSICIAN: The law requires that the death certificate dring physicion.  Iter this certificate has been signed by the attending phase the buriol-transit permit. Then please remove carbon phand Avental Hyglene prior to buriol, cremation, or removed or them 18 shows any injury, or other traumatic even	z	PART 2. OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COM	IDITION GIVEN IN PART 1101
bow rec	CERTIFICATION	19a DATE OF OPERATION	1%. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a. AUTOPSY?	206. IF YES, WERE FINDINGS USED
The lo icion.  The los is not per per year per y	IF N				YES NO NO	IN CERTIFYING CAUSES OF DEATH?  YES NO NO
N OF VITAL RE SSCIAN: The lc mg physicion. certificate has viol-transit per ental Hygione, them 18 shows	CER	210, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH E		RRED (ENTER NATURE OF INJURE	JRY IN ITEM 18, PART 1 OR PART 2)
HYSICIAI nding ph his certific buriol-tr 4 Mentol I	CAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
VISION  G PHYS  orthis  orthis  ond M  ked or	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211. LOCATION STREET	CITY OR TO	WN COUNTY STATE
OIVIS DING P or offer these os the morked	1	AT WORK AT WORK		9/10 90		111 00
Z = 2 5 7 .5		220.1 certify that (I) (this hospite saw the deceased alive on _		80 and that in (my) (our) apiniar	death accurred on the	dote and haur and from the causes stated
AT A		above, (I) (we) (did) (did mar 22b. SIGNATURE	yelv the body gligh death.	D DECOREE	- deduction of the c	224. DATE SIGNED
ALOR A the hos, ALDIREC etoched te Dept.		413	mast force	A//// ATTENIDING	MEDICAL STA	7/10/9/
HOSPITAL ned by th FUNERAL Jid be det the Store		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS		BNOWHILL, MC.
TO HOSPITAL OR A retained by the has TO FUNERAL DIREC should be detached with the State Dept.		THOMAS L	VONES. M	.D. 112 PEA	ARL ST.,	show in the interior
7 5 5 4 3 ≤	23a E	BURIAL, CREMATION, REMOVAL	236. DATE / 23c	NAME OF CEMETERY OR CREMATORY	234 LOCATION	La souver / sign
	20.5	BULIAI	1/20/80 9	olem Methodist (	m Ronol	Te Novrester No.
DHMH-16 60M 1/73 (VR A 15 (4))	C	UNERAL DIRECTOR	D ADDRESS	O.L. M. DUL	TERBS 1980 ISTRAI	- The state of the
[44 × 12 [41]	3	coy > ///lels	on tocopolle	CITY, Illd		

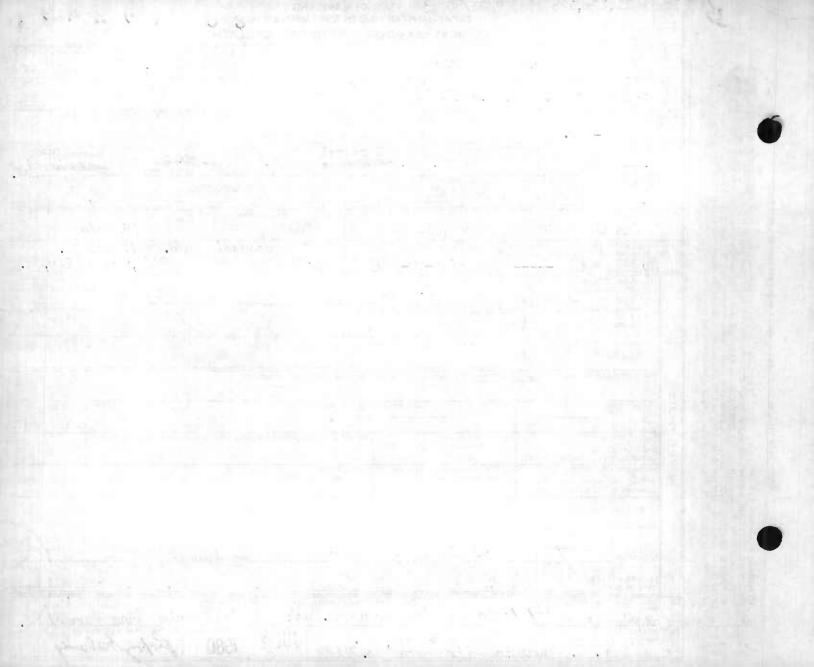
A College of the Coll Va L 1 5 B - Let a Charles - Beston L Derling that we come from the wife of the wife of De liver Bromete & Lynnas Hotel Lee House of the second of the Coton - Tore - Home - it counts , little a game a count - grand

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME MIDDLE O. DATE KNOWN 25 HOUR (TYPE OR PRINT) DEATH MATED Kessler 19 80 4A M Oliver 4 RACE IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 10 80 191 DEAD YOU 16 Male Cauc Te. BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Georgia USA DIVORCED FILED, ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20. USUAL OCCUPATION TYPE OF WORK 12b. KIND OF BUSINESS Refrigerat Retired Ocean City BE -ion113b. COUNTY 13d. INSIDE CITY LIMITS? 113e STREET ADDRESS Ocean City 6BEIM St Worchester YES T NO [ VITAL 14. FATHER'S NAME S. MOTHER'S MAIDEN NAME PA Kessler AND Η. Lilla Perry Kessler Officers Kilmer & Galten O. C. Police + Paper 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 145 SOCIAL SECURITY NO Yes 6Jul43 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiac Arrest DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which (b) Cardivascular Heart Disease gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Partic ulcer

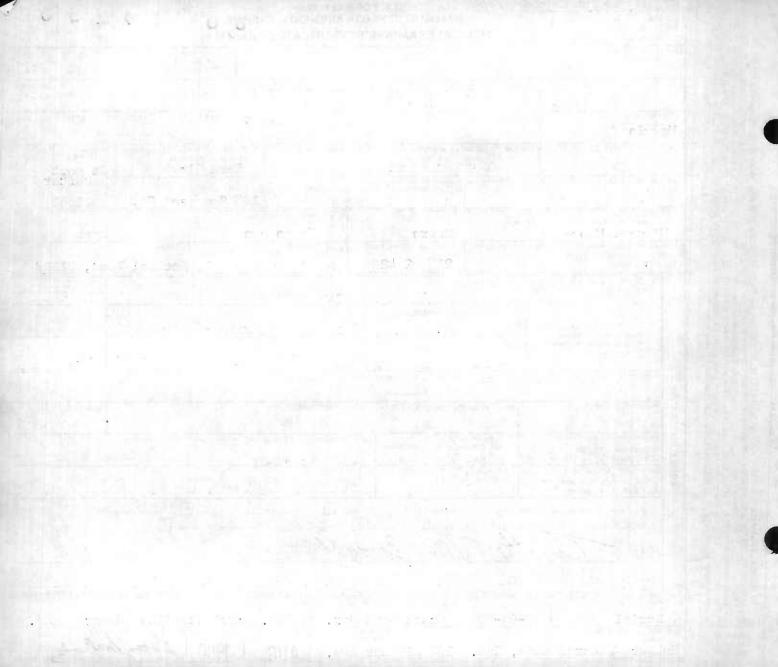
History of Alcohloism, benige prostatic hypertoophy, syphilus, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL Pepticulcer YES | NO X 21g EXTERNAL CAUSE WAS 216 TIME OF IN HIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY CATHOME 21d INJURY OCCURRED 21f. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK Inspection X 22a. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Natural causes X Hamicide \_\_\_ death resulted from: Undetermined manner TO FUNERAL DAFTER DEATH, BALTIMORE, MA 16th St. Medical Center, O.C., EXAMINER'S NAME Timothy E. Bainum, M. D. ADDRESS TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 234 LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 1980 Zion Luth. Ch. Cem Effingham Ga. Guyton BP Sh. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** VR A15 ME (5)) 30M 7/73



35	1-	ems 11,12 FOR STATE REGISTRAR	2a,12b g	1	/80 gj st. DEPARTMENT OF	HEALTH			TH	REG. NO.	9 2	4	9
58 8 H		CEASED NAME FOR PRINT)	Albe	rt Jo	seph	Mi	ianulli	21		STI-	7/6/80		26. HOUR 2a00
ON STREE	3 SEX	male		Mar. 18	1918 6. AGE (IN LAST BIRTH	DAY) MONT			C. DATE RONOUNCEI DEAD	7/6/	80	YEAR 80	2d. HOUR 11:48.
W. PRESTON	FO	RTHPLACE (STATE REIGN COUNTRY)  USA =	. Pa.	76. CITIZEN OF WE USA		WIDOW		RRIED   9	BALTIMORI	Worce	ster		MD.
AY IS THE FILE		Ocean Ci	Lty	(IF NOT IN SUCH A	PITAL, NURSING HOA	arous	ES INSTITUTION  a. Condo		ost of War			IND OF BU	Dife
AND 3 RETAIN HOULD RECORD	13a. S		Appe A	other institution, Gr	134. CITY OR TOWN Pasaden		134. INSIDE CITY LIMITS		LO7 Mai	in Cre	ek Rd		
S S S S S S S S S S S S S S S S S S S	14. FA	Nunzio		MIDDLE	Mianul	Li	15 MOTHER'S MA	IDEN NAME	5 MIDDLE		Di Fat		
WITH FORM PAGES 1 AF DIVISION OF		VAS DECEASED EN es, NO, OR UNKNOWN)			166. SOCIAL SECUR 165-09-50		brother	<i>anousa</i> rJame	el (ond es Miar	poress nulli	118 th Ocean	St. City	, Md.
y Pencil in ITem 1 Xaminer along Al-Transit Permit Mental Hygiene, Dr removal.		PART I DEATH	I WAS CAUSED I IMMEDIATE  if any, which ta immediate ting the under-	DUE TO, OR  (b)  DUE TO, OR	for (a), (b), and (c).)  cardia  AS A CONSEQUENCE  AS A CONSEQUENCE	OF	ASCVD				86	APPROXMATE	INTERVAL AND DEATH
SED AS A BURI	NO	PART 2 OTHER SIGNIF	CANT CONDITIONS CO	ONTRIBUTING TO DEATH	DUT NOT RELATED TO THE TE	IMINAL OISEAS		IABETES	S				
	CERTIFICATION	19a. DATE OF OP	ERATION	19b. CONDIT	TION FOR WHICH OP	RATION W	AS PERFORMED?		1		20	AUTOPSY?	NO [X
STATE DEPARTMENT OF STATE DEPARTMENT OF STATE DEPARTMENT OF STATE		210. EXTERNAL C UNDERLYING CONTRIBUTING		21b. TIME OF HOUR A.M EATH P.M	MONTH DAY YE		OW INJURY OCCUR	RED (ENTER NA	ATURE OF INJURY	IN ITEM 18 PART	1 OR PART 2)	9	
ATE DEPA	MEDICAL	21d. INJURY OCC WHILE NAT WORK	URRED	21e. PLACE C	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION		CITY OR TOWN		COUNTY		STATE
PAGE 4 SHOULD BE FORWARDED TO FUNDE DISCUSSION OF STATE DEF AFTER DEATH, WITH THE STATE DEF BALTIMORE, MARYLAND, 21201 PRIC		death resulted f	ram: Notura	af the remains des	Accident ,	Autop	Hamicide TITLE (SPECIFY)  deput	Undeter	Inquiry	er .	my apinian  DATE SIGNED	7.	/6/80
PAGE 4	23a.B	EXAMINER'S NA. (TYPE OR PRINT) JRIAL, CREMATIO PECIFY) ntombre	N,REMOVAL 231	imothy E	wing Bainu 236 NAME OF C Glen H	METERY C	ADDRESS	th. and	d Phila		county	an Ci	tyMd ATE Md
MH - 17 15 ME (5)) M 7/73	24. F	NERAL DIRECTO	R WITTER AA	ntain &	Pasadena Tick Neck	Md.	1122 701	TE REC'D. BY	REGISTRAR 3	256. REGISTR	AR'S SIGNA	Creaty	



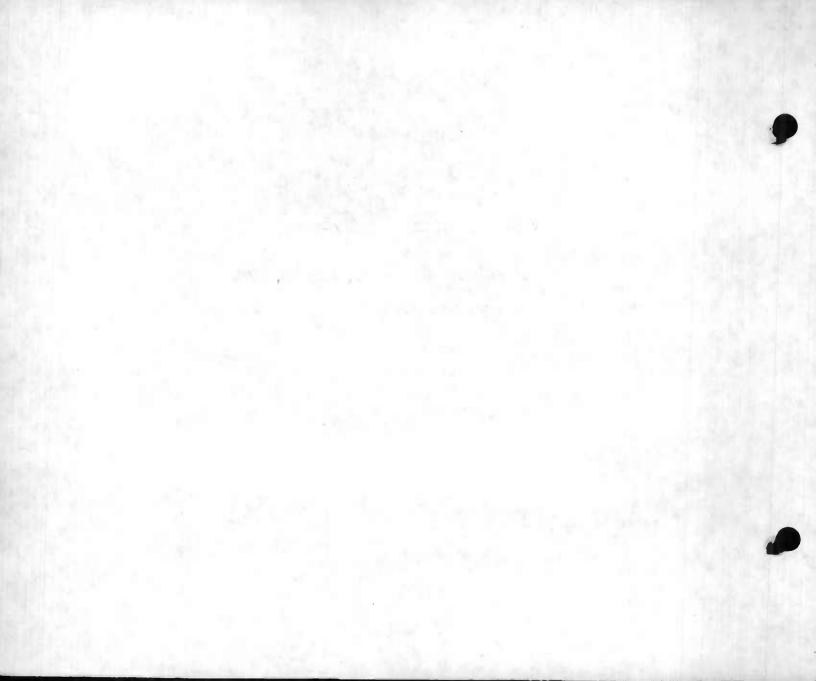
	DECE	GISTRAR ASED NAME	FIRST	ME	MIDDLE	EXAMIN	ER'S C	ERTIFIC	CATE	OF DE	20. DATE	KNOWI	3. NO.	MONTH	1 DAY	YEAR	2b. HO1
	(TYPE O	R PRINT)	arlin		Lynn		Mo	ore			OF DEATH	ESTI- MATED	TX.	7	30	, 80	9:3
3.	SEX	4. RAC	E 5.	DATE OF BIRTH	1953	6. AGE (IN YEAR LAST BITE OF A	RS IF UNE	DER 1 YR.	IF UNDE	R 24 HRS.	2c. DATI PRONOU DEAI	NCED		монтн 7	30	YEAR 1080	2d HOU 9:5
70	BIRT FOREK	HPLACE (STATE OR SIN COUNTRY)		CITIZEN OF W	HAT COUN		8. MARRIE	D NE		-	9. BALTIA						
		OR TOWN OF DEA	ATH 11	NAME OF HO	SPITAL, NUI	RSING HOME	OR OTHE		DIVOR		JAL OCCL		TYPE		12b. KIP	ND OF BU	SINESS
111		Ocean C:	7	Rou	ite 5	0 bri				FOR	esk (	cler	ζ.		Be:	Lmont	
	STA M		WOT	THER INSTITUTION, G	13c. CITY	or town		YES DE C	NO [	13e STE	Some	erset	t St	t.		lunte 21842	1
4	FATE	IER'S NAME		AIDDLE		LAST		15 MOTH	ER'S MAIL	DEN NAMI		MIDDLE			1	LAST	
		ichael			Mod	ore		Ve	1ma						Rya		
6	(YES, 1	S DECEASED EVER NO, OR UNKNOWN)	IN U.S. ARMED	D FORCES? R OR DATES)		8 62 42		Me 1v		oore	718	Bet		al F	Road.	, 212	29
	11	CAUSE OF DEAT PART I DEATH W	AS CAUSED BY	Υ:		diopu	1 mon	arv	arr	est.					BETV	PROXIMATE	INTERVAL
	2	8122	IMMEDIATE C		_	ISEQUENCE C		ary	arre	-01		-			+	113 CE	1116
-		Canditians, if a		(b)	fra	cture	of	skul	1, 1	nult	iple	lac	cer	at	ions		
	1	cause (a) stating lying cause last.	the under-	1	AS A CON	ow, f	F										
		ART 2 OTHER SIGNIFICAN	T CONDITIONS CON	TRIBUTING TO DEATH							IE U	T D	7		LUIC	,	
	19 19	e. DATE OF OPERA	ATION	196. CONDI	TION FOR Y	WHICH OPERA			MED?						20. A	UTOPSY?	107
	TIFICATIO			196. CONDI	TION FOR V	WHICH OPERA			MED?						1	UTOPSY?	ио 🔀
SOUTH PROPERTY AND AND	CAL CERTIFICATIO	O. EXTERNAL CAUS	SE WAS	21b. TIME OF	F INJURY	DAY YEAR	21c. HO	S PERFOR	OCCURR		NATURE OF IN				PART 2)		**
3	MEDICAL CERTIFICA	O. EXTERNAL CAUS  NDERLYING ONTRIBUTING OCCUR  I. INJURY OCCUR  /HILE NOT	SE WAS  OR CAUSE OF DEA  RED  WHILE 127	216. TIME OF HOUR A.M. ATH 9:30 M 216 PLACE OF STREET, FAC	FINJURY A. MONTH A. 7 3 OF INJURY TORY, FARM, EI	DAY YEAR O 1986	21c. HO 21f. LOC	W INJURY	occurr n mo	ped	by r	ass	ing	g v	ran	'ES 🗌	NO A
3		EXTERNAL CAUS NDERLYING ONTRIBUTING 6	SÉ WAS OR CAUSE OF DEA RED WHILE X	216. TIME OF HOUR A.M. ATH 9:30 M 210. PLACE STREET, FAC	FINJURY A. MONTH A. 7 3 OF INJURY TORY, FARM, ET	DAY YEAR 30 1980 (AT HOME. TC.)	21c. HO 21f. LOC	winjury  it of	occurr n mo	ped bric		oce	ing an	g v Ci	ran	'ES 🗌	NO A
3	A	EXTERNAL CAUS  NDERLYING ONTRIBUTING O  B. INJURY OCCURI  HILE NOT  T WORK AT W	SE WAS OR CAUSE OF DEA RED WHILE VORK	216. TIME OF HOUR A.M. ATH 9:30 M 210. PLACE STREET, FAC	FINJURY A. MONTH A. 7 3 OF INJURY TORY, FARM, ET	DAY YEAR O 1986 (ATHOME. TC.) et	21c. HO  21c. HO  21f. LOC  STI	winjury  it of	n mo	bric	by r	oce	ing an	g v Ci	Yant 2) Yan OUNTY,	'ES 🗌	NO A
	A	e. EXTERNAL CAU  DOTRIBUTING  d. INJURY OCCUR  WHILE  TWORK  22a. I certify that	SE WAS OR CAUSE OF DEA RED WHILE VORK	21b. TIME OI HOUR A.M ATH 9: 30M 21e. PLACE STREET, FAC	FINJURY A. MONTH A. 7 3 OF INJURY TORY, FARM, ET SCIPE scribed aba	DAY YEAR O 1986 (ATHOME. TC.) et	21c. HO 21f. LOC STI	S PERFOR  W INJURY  It or  ATION  REET  Dute  Hamie	n mo	bric	by relige,	oce	ing an	g v Ci	PART 2)  Tan  OUNTY  Appinian	'ES 🗌	**
	A	a. EXTERNAL CAU:  NDERLYING ONTRIBUTING OF ATTENTION OF A	SEWAS OR CAUSE OF DEA RED WHILE VORK I taak charge a	21b. TIME OI HOUR A.M ATH 9: 30M 21e. PLACE STREET, FAC	FINJURY A. MONTH A. 7 3 OF INJURY TORY, FARM, ET SCIPE de scribed aba Accident	DAY YEAR O 1980 (ATHOME. IC.) et	216. HO  211. LOC 511 rC  Autopsycide	S PERFOR	OCCURR n mo 50 Inspecticide ,	bric bric Under	by placed in the second of the	OCE OCE OCE	ing an andi	C1	YART 2)  YAN OUNTY  LTY,	Wor 7/30	NO A
	A SI	a. EXTERNAL CAU  NDERLYING CONTRIBUTING declined death resulted from CTUAL  CAMINER'S NAME  (CAMINER'S NAME	SEWAS OR CAUSE OF DEA RED WHILE X I took charge a  Natural C	216. TIME OF HOUR A.M. ATH 9:30M 21e PLACE: STREET, FAC	FINJURY A. MONTH A. 7 3 OF INJURY TORY, FARM, EI SCIPE ( Scribed aba Accident  C	DAY YEAR O 1980 (ATHOME. IC.) et	216. HO  216. HO  216. HO  216. HO  216. HO  Autopsy  cide	WINJURY  Lt O: ATION REFI  Dute  Manie  M. D. DDRESS_	50 Inspecticide	brid brid Under	by placed in the second of the	OCE OCE OCE	ing an andi	C1	YART 2)  YAN OUNTY  LTY,	Wor 7/30	· STATE
?3	A SI (T) (T) (SPEC B	a. EXTERNAL CAUS  NDERLYING ONTRIBUTING d. INJURY OCCURI WHILE TWORK  22a. I certify that death resulted from CTUAL GNATURE  (AMINER'S NAME YPE OR PRINT)  AL, CREMATION, R  WYI al	SEWAS  OR CAUSE OF DEA  RED WHILE X  I taak charge a  Natural of  Ti	216. TIME OF HOUR A.M. ATH 9:30M 21e PLACE: STREET, FAC	FINJURY A. MONTH A. 7 3 OF INJURY TORY, FARM, EI Scribed aba Accident  Cultivity  Ewing  23c. N	DAY YEAR  O 1980  (AT HOME.  TIC.)  et  IVe, held an  IXI, Sui  B Bair  NAME OF CEM  TEST LA	216. HO  hi  211. LOC 511 rc  Autops) cide  num, A ETERY OR  Wn Ge	S PERFOR  WINJURY  Lt O: ATION  MET  Hamid  CS  M D  DDDRESS  CREMATO  CREM	50 Inspecticide PECIFY) PORY f Mer	bric Under V MED 6th.	loge, Inquiry Inquiry Incal EXA/ ANC CCATION ORTOWN Triot	Oce Oce Miner Ph	ing	CI DATE SIGN	PART 2)  Van  OUNTY  Ty,  Depinion  Ave  UNITY  Howaii	Wor . Occ	NO (2)
-	A SI E) (T C. BUR (SPEC	a. EXTERNAL CAUS  NDERLYING ONTRIBUTING d. INJURY OCCURI WHILE 17 WORK  22a. I certify that death resulted from CTUAL GNATURE (AMINER'S NAME YPE OR PRINT)  AL, CREMATION, R  EY)	SEWAS  OR CAUSE OF DEA  RED WHILE VORK  I taak charge a  1: Natural c  Ti	21b. TIME OF HOUR A.M. ATH 9:30M 21e. PLACE STREET, FAC  The remains descauses ::  ATH 9:30M  The remains descauses ::  The remains descauses ::  ATH 9:30M  The remains descauses ::  The remains desca	FINJURY A. MONTH A. 7 3 OF INJURY TORY. FARM. EI SCITCE Scribed aba Accident T  Ewing  [23c. N  C1	DAY YEAR  O 1980  (AT HOME.  TC.)  et  ve, held on  XI, Sui  Bair  NAME OF CEN  TEST La	216. HO hi 211. LOC 511 rc  Autops) cide  Autops wh. A ETERY OR Wn. Ga 1229	M D DDRESS CREMATO	50 Inspecticide PECIFY) PORY f Mer	Under W MED 6th.	by received and control of the contr	oce onner  Ph ttsvi  AR [256, F	ing	DATE SIGN	PART 2)  Van  OUNTY  Ty,  Depinion  Ave  UNITY  Howaii	Wor	STATE M



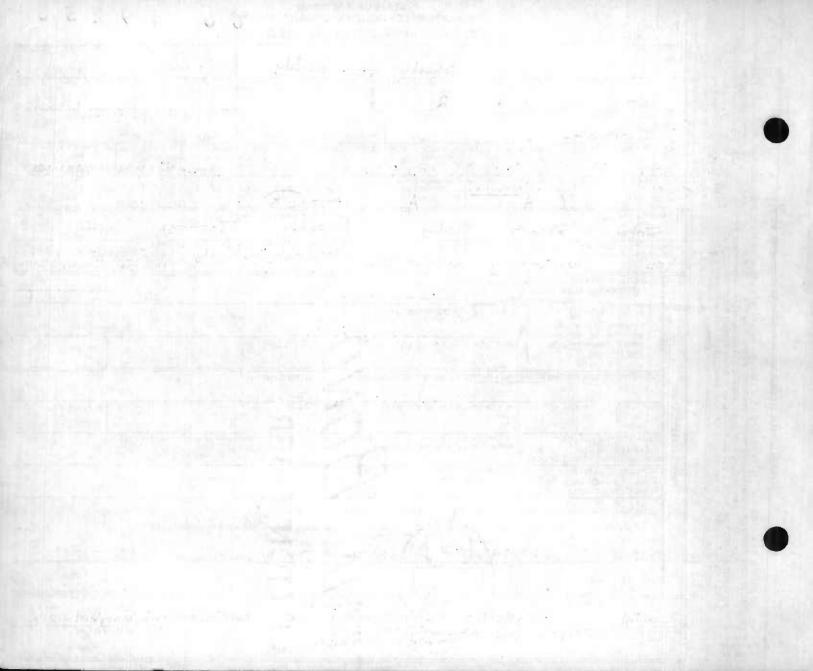
1.1		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE () 1 9 2 5
A	1-	STATE AMEDICAL EVANAINEDIS CERTIFICATE OF DEATH
	1 05	REG. NO.
1/4		PEOR PRINT) OF ESTI-
\$ 30 SE	2.00	DEATH MATED T / 7 19 80 7/4 M
\$5=95	3. SE	X 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2t. DATE MONTH DAY YEAR 28. HOUR MONTH DAY YEAR 185 BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED 1
9.70 P.		F Caucasian Feb, 24 1894 86 yrs. Months Days Hours MIN PRONOUNCED 7 17 1980 1PM
到事等主题之人	7a. B	IRTHPLACE (STATE OF The CITY OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9 BALTIMORE CITY OF COUNTY OF DEATH
発売はませ	10.0	MICH VISIA, WIDOWED & DIVORCED   WOKCESTER MD.
STEELS O	10. C	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  120. USUAL OCCUPATION (TYPE OF WORK IN 12b. KIND OF BUSINESS OF INDUSTRY)  OF INDUSTRY
DELA 3 TO 3 TO 3 TO 4 BE P 8 DS, 2		Devin ParkerTown Rd. RFD. Md. Kt289 House wite Home
Coeres a.		AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE (ITY LIMITS) 136. STREET ADDRESS 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
21201.		Md. Worcesler Derlin VES NO X Parker Dwn Kd. K.F. D. Md. K+289
G CAS S	14. F.	ATHER'S NAME  FIRST  MIDDLE  LAST  LAST  LAST  LAST  LAST
	L	emuel - limmons Hettie - Dowden
0 8 4 8 1		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS VES, NO. OR UNKNOWN) (18 YES, GIVE WAR OR DATES)
BALTIMORE, URS AFTER DE B. GIVE PAGE! WITH FORM VARIH FORM PAGES 1 AN DIVISION OF		No 1 - 1212-14-4019 Orlandov, Phillips, Friendship Kd, Berlin, Ma
., 8 		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY:  A THEROSCIEROTIC CARDIO VASCUUR DISEASE BETWEEN ONSET AND DEATH
HIN 24 HOU IN ITEM 18. R ALONG V USIT PERMIT. HYGIENE, D		IMMEDIATE CAUSE (a)
PRESTON WITHIN 24 CCI. IN ITEA INER ALON ANSII PER TAL HYGIEN MOVAL.		due to, or as a consequence of
ANS		Conditions, it any, which gave rise to immediate (b)
W CENTRAL W		cause (a) stating the under- lying cause lost.  DUE TO, OR AS A CONSEQUENCE OF
301 EXAMENTAL SOL		(c)
DIVISION OF VITAL RECORDS, 301 W. PREST S CERTFICATE SHOULD BE EXECUTED WITHIN STING THE WORD "PENDING". IN PENCIL IN POED TO THE CHIEF ANDICAL EXAMINER A E 3 SHOULD BE USED AS A BURIAL-IRANSIT E DEPARTMENT OF HEALTH AND MENTAL HY PRIOR TO BURIAL.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
ECORDS D BE EX ENDING MEDICA AS A I ENTIN AS A I	MEDICAL CERTIFICATION	CONGESTIVE HEART FAILURE
ITALRE SHOULD RRD "PE CHEF, OF HE AL, CRE	SAT CAT	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY?
F VITAL F VITAL F CHE HE CHE O BE US URIAL, O	48	YES NO IV
DIVISION OF VITA  B. THIS CERTIFICATE SHO  TE, WRITING THE WORD  RWARDED TO THE CHI  F. PAGE 3 SHOULD BE US  STATE DEPARTMENT OF  21201 PRIOR TO BURIAL,	Ü	216. TIME OF INJURY UNDERLYING OR  216. TIME OF INJURY HOUR A.M. WONTH DAY YEAR.  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
ON C IFICA TO T HOUL HOUL	3	CONTRIBUTING CAUSE OF DEATH P.M. 19
VISIG CERTING TING TING TING TING TING TING TING	4EDI	21d. INJURY OCCURRED  21d. PLACE OF INJURY (AT HOME, STREET, FACTOR FARM, ETC.)  21d. LOCATION  STREET  CITY OR TOWN  COUNTY  STATE
DIVIS HIS CER WRITING WARDED ARDED OT PRIO	1	WHILE AT WORK AT WORK STREET, FACTOR FARM, ETC.)  STREET, FACTOR FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE
		220. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . ond in my apinion
ZU VEZ		death resulted from the state of the state o
CERTIFIC CERTIFICATION OF BE DIRECT WITH ARYLAN		TITLE (SPECIFY)
CAL EXA SHOULD RAL DIR ATH, WIT		ACTUAL SIGNATURE COULD COTTY / WD 2 M.D. MEDICAL EXAMINER SOMED #18/80
SH SH SE TH		Davis
MEE CUT FUN FUN C	>-	EXAMINER'S NAME PAUL A. SCOTT, MD, ADDRESS 24 BROADST, ISER LIN MD.
TO MEDICAL E EXECUTE THE O PAGE 4 SHOU AFTER DEATH, O AFTER DEATH, O	23a.E	BURIAL CREMATION REMOVAL 236 DATE 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION
BP		Durial 7/20/80 Evergreen Cemetery Berlin Wor, Md.
DHMH - 17	24. F	FUNERAL DIRECTOR 250. DATE JECTO. BY REGISTRAR 255. REGISTRAR'S SIGNATURE
(VR A15 ME (5)) 15M 7/76	6	Frank A Burggo & Williams St. Berlin, Md. JUL 23 1980 hogy Milliams St. Berlin, Md. JUL 23 1980

American State of the state of the same VOID DEATH CERTIFICATE #80-19252

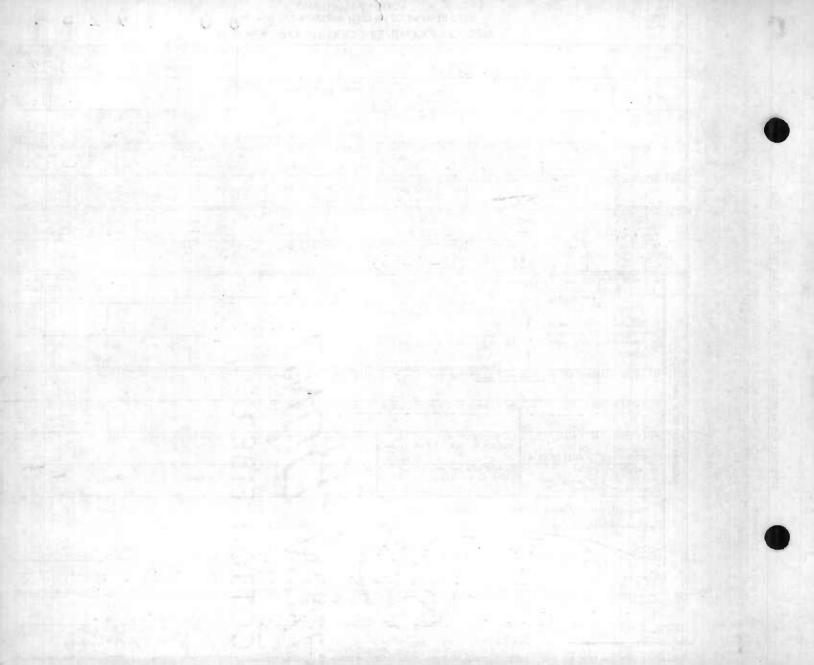
Kathryn Quillen Purnell, July 30, 1978
Worcester County, SEE LATE 1978 DEATHS,



					ATE OF MAR		100		0	0 1	-2
1.	FOR STATE			EPARTMENT OF			4	1	7	4 3	2
	REGISTRAR			ICAL EXAMI	NER'S CER	TIFICATE O	F DEATH	REG. NO			
1. D	ECEASED NA	ME FIRST		WIDOLE	LAST	- 11	20. DATE	KNOWN 🖂	MONTH	DAY YEAR	26 HOUR
,,,		Thomas		Michael	Roddi	Roddy	DEATH	MATED	7 1	5 19 80	PM
3. SI	EX	4. RACE	5 DATE OF BIRTH	6. AGE (IN	YEARS IF UNDER			ICED.	MONTH	5 19 8 ( GAY YEAR	2d. HOUR
	MALE	Cauc	8 11	101 / 7	YRS.	DAYS HOURS	MIN PRONOUN DEAD	(CED	7	15 19 80	011:25
,Zo.	BIRTHPLACE OREIGN COUNT	(STATE OR	76 CITIZEN OF WHA	T COUNTRY?	8. MARRIED	NEVER MARRI	9. BALTIM	ORE CITY OF	COUNTY		
		PENNA.	USA		WIDOWED	DIVORCE		rches	ter		MD.
10. 0	CITY OR TOW	'N OF DEATH		TAL, NURSING HOA		NSTITUTION	12a. USUAL OCCUP	ATION (TYPE	OF WORK 17	26. KIND OF BI OR INDUST	USINESS
0	cean	City	16th S				Retir		PES	WASTEP	
USL	STATE	CE (IF IN NURSING HEART OF	ROTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMIS	SION)	INCIDE CITY LIMITES	13e STREET ADDRE				
	MD	(Be		Bel <b>A</b> ir	¥E	S ON NO R	1205 G		torm	Dr	
14.1	FATHER'S NA	ME				MOTHER'S MAIDE	NNAME				
0	John	1 Jos	Ebys 1	Roddy	0	MATY		TESA	D	uffy	
160.	WAS DECEA	SED EVER IN U.S. ARA	MED FORCES?	166. SOCIAL SECUR	ITY NO. 17. II	NFORMANT ETP	1-1342)	ADDRESS	Com	METOWN	Dec
	(ES		- Army	207-14-5	286	Wife	R. Roddy Sam		Him !	MARIAN	121014
	18. CAUSE	OF DEATH (Enter ani	y ane cause per line fo	ar (a), (b), and (c).)		MILE	Sam			APPROXIMAT BETWEEN ONS	TE INTERVAL
	PARTI	DEATH WAS CAUSED	RY.	ardiac A	rrest					1 hou	
	45	9-5		S A CONSEQUENCE				10.35			
		tians, if any, which	(6)	A S	C V	D					
. 3	cause	(a) stating the <u>under-</u>	DUE TO, OR A	S A CONSEQUENCE							1000
	lying	cause last.	(6)								
	PART 2 OTHE	R SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE OR C	ONOITION GIVEN IN PAR	RT 1 (a).				
No			Histo		77 A	(Rece					
15	19a. DATE	OF OPERATION		ON FOR WHICH OP	RATION WAS P		:110)			20. AUTOPSY	(?
E	1000									YES 🗆	NOTE
CERTIFICATION		NAL CAUSE WAS	216. TIME OF II	NJURY MONTH DAY YE		NJURY OCCURRED	D (ENTER NATURE OF IN)	URY IN ITEM 18 PA	ART 1 OR PART		
	CONTRIBL	NG OR ITING CAUSE OF D		MONIH DAT TE	AR						
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1	WHILE AT WORK	NOT WHILE AT WORK	STREET, FACTOR	CT, FARM, ETC.)	STREET		CITY OR TO	WN	COUN	12.4	STATE
			of the section of	had share 1 14	A.,	Inspection	₩				
		ertify that I taak charge	F-1		Autopsy L				in my apin	Ran	
	death res	ulted fram: Nature	ol causes X, A	ccident L., S	ivicide 🔲,	Hamicide	Undetermined mo	inner [,			
	ACTUAL	-//	molts	42 KIL	numo	ITLE (SPECIFY)	/		DATE	7/15	190
	SIGNATUR	- /		- Del	M.D.	Jepu!	MEDICAL EXAM	INER	SIGNED	7/15/	00
	EXAMINER (TYPE OR F	SNAME Tim	othy Ewi	ng Baini	im ann	1	6th. an	d Phi	1a (	0cean	City
73e		AATION, REMOVAL 23		23c. NAME OF C			23d LOCATION	~ - 11±	Lu,	CCCIII	O L U y
	(SPECIFY)		Suly 18, 1980	The D	JEWOUND C		Bel Hirt	ar Cord C	COUNT	wlend 2	ID 14
24.	FUNERAL DIF	ECTOR Toph V	V. Forter Wi	Bronchoron a L	FUTHING SI	25e. DATE R	REC'D. BY REGISTRA				
	Toh	n Ullrich	ADDRESS	Berlin	MD Joyd STI	1111	1 7 1980	tin	Erry /	Clase	4
1	- OII	A CLLLL	1 11 . 111	1100 1111	14) [	1 770	1000		-		/



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-1080 DEATH MATED Vincent Frederick Romeo SEX IF UNDER 1 YR. IF UNDER 24 HRS 19815 LAST BIRTHDAY) MONTHS DATE PRONOLINCED TAT Male DEAD 1080 1:22a 64 YRS To. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Mary Land USA Worcester County MD WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17th. and Phila. Ave. FOR MOST OF WORKING LIFE d OR INDUSTRY Ocean Cit USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
39, STATE 136 COUNTY 137 GITY OR TOWN Md. Balto. 3507 Dudley Ave 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Vincent Romeo Madeline Ferrera 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Wife Romeo DIVISION (YES, NO, OR UNKNOWN) LIFYES, GIVE WAR, OR DATES Amelia same PAGES Yes 216-05-6656 18 CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Cardiac Arrest IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF A.S.C.V.D. Canditians, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). Diabetes MEDICAL CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NO TX YES 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY NOT WHILE AT WORK TO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORV
TO FUNERAL DIRECTOR: P
AFFER DEATH, WITH THE SI
BALTIMORE, MARYLAND, 21: Inspection X 22e. I certify that I took charge of the remains described above, held an Autopsy Notural couses X Hamicide Undetermined manner DEPUTY MEDICAL EXAMINER DATE 19/80 SIGNATURE. 16th. and Phila. Macean City M.D. Bainum, M EXAMINER'S NAME Timothy (TYPE OR PRINT) 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE Baltimore, Md. STATE Holy Rosary Cemetery Burial BP DATE REC'D BY REGISTRAR 2550 EGISTRAR'S JIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** Schimunek Funeralporess 3331 Brehms Lane (VR A15 ME (5)) Balto Md. 21213 30M 7/73 Inc



		FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	SIENE Q ()	0 0 5 5
	1.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	4 7 2 3
		CEASED NAME PRINT)	IEL S.	SELBY	20. DATE OF DEATH MONTH D	28. 1100K
2 4	3 SE	444	4 RACE	5 DATE OF BIRTH		# UNDER I YEAR # UNDER 24 HRS
once	2 0	MALE	WHITE	Aue. 20 1906	73 YRS	
30	C	RTHPLACE ISTATEOR FOREIGN DUNTRY) ARYLAND	15. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	WORCESTE	•
990		BERLIN	(IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE CONTRACTOR	126 KIND OF BUSINESS OR
The must	136.3	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c CITY OR TO	WN   13d. INSIDE CITY LIMITS?	13r. STREET ADDRESS	Pi
cam		THER'S NAME	CESTER BISHOP	UILLE YES NO D	ST. MARTIN'S NI	ECK KD.
1823		SAMPSON	MIDDLE	D. MOTHER'S MAIDEN NA	WE	LAST
Ded I	1éa. V	AS DECEASED EVER IN U.S. AF	RMED FORCES?   16h SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	TUBBS
the gar	()	ES, NO OR UNKNOWN) (IF YES, GIV	219-17	-1938 RUTH BUNT	TNE BISHOPU.	THE MA
/en /en		IL CAUSE OF DEATH (Enter of	nly one cause per line for (o), (b), a		THE DISHOPO.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DE ATH WAS CAUSE	TE CAUSE (0) METAS	TATIC CARCINOA	1A OF LUNG	MONTHS
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		Conditions, if ony, which	DUE TO, OR AS A CONSEOU	JENCE OF		
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0 6		underlying cause last	DUE TO, OR AS A CONSECU	JENCE OF		-
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° >	NO		BSTRUCTIVE &		JE	
ows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
8 show	TIF				YES NO YES	ING CAUSES OF DEATH?
m 18	CER	21a. ACCIDENT WAS UNDERLYING		DAY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	
Mental Hygiene	CAL	OR CONTRIBUTING CAUSE OF DE	AIII	19		
marked or Item	MEDICAL	214 INJURY OCCURRED	214 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR JOWN	COUNTY
narke	×	AT WORK AT WORK	TAL HOME, STREET, PACTURY, OFFICE	PARM, ETC.	CIITOROWN	COUNTY STATE
22. 0		220 I certify that (1) (this hospi	ital) attended the deceased from	7/6 19.80	7/30	9_80, thos (I) (we) los
21 1		saw the deceased alive an		XO/, and that in (my) (our) opinian	death occurred on the date and hour	
9 6		dennis (11 Test) (did) (bid uc	New the body offer death.	DEGREE		224. DATE SIGNED
1 tem		276 SIGNATURE	()			
T: If Item			Can un	ATTENIDING	MEDICAL STAFF	7/30/80
ANT: If Item			Sax MD	ATTENIDING	DIRECTOR PHYSICIAN	7/30/80
ANT: If Item		271 SIGNATURE QUE	Swat MD  SCOTT MD	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	
MPORTANT: If Item	230 8	224 PHYSICIAN'S NAME (TYPEO	SCOTT, MD	ATTENDING PHYSICIAN (1)  170 ADDRESS  24 BROA	POIRECTOR PHYSICIAN D	
MPORTANT: If Item	23a B (5	271 SIGNATURE QUE	SCOTT, MD	ATTENDING PHYSICIAN (1)  27% ADDRESS  24 BROA  NAME OF CEMETERY OF CREMATORY	POIRECTOR PHYSICIAN    BERLI  134 LOCATION  170 RITORION	W, MD, 218
IMPORTANT: If Item	(:	224 PHYSICIAN'S NAME (TYPEO	SCOTT, MD	ATTENDING PHYSICIAN B  27 ADDRESS  24 BROA  NAME OF CEMETERY OR CREMATORY  DD FELLOWS CEMETE	POIRECTOR PHYSICIAN    TO ST. BERLI  134 LOCATION LITTOR TOWN	WORE MD

MAZE MAKPLARD WITH THE WORLD WORKER K BERLEY . BERLEN KINSTING HERE CONTINETOE BUILDENS MERREAD WAY STEE BESTELLE STEEL STEEL STEEL SEE STANDSON TO SELECT FLORES THE THE SELECT THE STEWARD TO THE STATE OF THE ONA ... BRITHE SALVED SONFELL STRONG BESTON LEW BLEES MIN USE 2 and as a second and a second a second and a second